

NO7000005285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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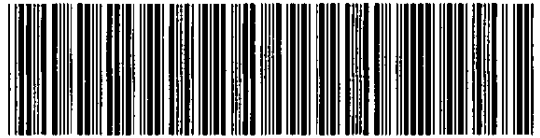
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A. Resign
C.COULLIETTE

SEP 25 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hidden Forest at Silver Creek Homeowners
(Name of Corporation) Association Inc.

DOCUMENT NUMBER: NO7000005285

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary House
(Name of Person)

Premier Community Mgrs Inc.
(Name of Firm/Company)

5151 Adamson St. #103
(Address)

Orlando FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary House at (407) 696-5700 x204
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Premier Community Managers Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for Hidden Forest at Silver Creek
(Name of Corporation)
Homeowners Association, Inc.

N 07000005285

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Sam Hanna Pres.
(Signature of Resigning Agent)

If signing on behalf of an entity:

Premier Community Managers Inc
(Typed or Printed Name)

President

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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